

Dear

As you are capable of administering your own medications, we need to inform you of some of the responsibilities you have in regard to managing your medication. *(If the resident is assessed as only managing some medications, you will need to provide detail here, eg they may self administer oral medications but need assistance with eye drops).*

- Please let staff know if you are taking any complementary or over the counter medicines (eg vitamins and minerals, medicines from naturopaths).
- It is very important that your medication is always kept in a secure place. It must be kept in a locked drawer in your room or you must keep your door locked at all times when you are out of your room.
- If you need staff assistance to re-order your medication, please let staff know in plenty of time when your supply is running low.

Please do not hesitate to discuss any concerns you have at any time with out staff. Do not hesitate to let us know if you feel you are not managing any aspect of your medication.

Thank you very much for your assistance in these matters. It would appreciate your signing this letter below my signature to indicate your agreement to fulfil these responsibilities.

Yours sincerely

Manager

I agree to abide by these responsibilities in managing my own medication:

Signed: _____ Date: _____